

## DECLARATION FOR PATENT APPLICATION

Docket: 442-2

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled, IN-WAITING ROOM HEALTH-CARE INFORMATION SERVICE, the specification of which

(check one)  is attached hereto.  
 was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_, and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all known information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a) -(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Priority Claimed
------------------------------	------------------

(Number)	(Country)	(Day/Month/Year Filed)	No
----------	-----------	------------------------	----

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

<u>60/187,952</u> (Provisional Application No.)	<u>March 9, 2000</u> (Filing Date)
--	---------------------------------------

<u>60/224,262</u> (Provisional Application No.)	<u>August 10, 2000</u> (Filing Date)
--	---

<u>60/229,178</u> (Provisional Application No.)	<u>August 29, 2000</u> (Filing Date)
--	---

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

---

(Application No.)

---

(Filing Date)

---

(Status-patent,pending,abandoned)

I hereby appoint the following attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

**Jonathan A. Bay, Registration No. 35,064.**

Please direct all correspondence and telephone calls to:

**Jonathan A. Bay  
Attorney at Law  
333 Park Central East, Suite 314  
Springfield, MO 65806  
Telephone (417) 873-9100.**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor John R. CARLILE

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence Springfield, Missouri  
Citizenship United States  
Post Office Address 3443 S. National  
Springfield, Missouri (MO) 65807

Full name of second joint inventor, if any: \_\_\_\_\_

Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_